

**Health policy recommendations to parliamentarians:** Policy choices (technological, ethical, legal, political) & initiatives to *promote, encourage or incentivize* vs to *oppose, discourage or disincentivize*

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POLICY CHOICES TO PROMOTE / ENCOURAGE	POLICY CHOICES TO OPPOSE / DISCOURAGE
<b>TECHNOLOGICAL POLICY INITIATIVES</b>	
<b>People-centred innovation design</b> that ensures individuals have agency over services, and considers potential risks at each step of design processes	<b>Developer-centred innovation design</b> that deprioritises needs and perspectives of the public, and doesn't safeguard fundamental human rights
Digital technologies that <b>prioritise and preserve personal data protection and privacy</b> , and ensure clear public understanding of their use	<b>Opaque data collection systems</b> that do not ensure the public's agency, and store or access personal health data with disproportional motives
Development of <b>dedicated digital health strategies</b> as appropriate	<b>Shoehorning of digital health strategies</b> in other government work plans
<b>Inclusive processes to develop, implement and monitor digital health strategies and approaches</b>	<b>Digital interventions that do not include key stakeholder groups</b> such as women, youth and marginalised communities
Patients and migrants must be able to <b>access electronic health records, financial and epidemiological data</b> across districts, provinces or states	<b>Practices that disable transfer</b> of paper-based epidemiological, financial or personal data to other regions of the country, must be discouraged
Development and implementation of <b>interoperable health technology systems</b> that communicate, collaborate and promote data exchange across sectors (for ex: integrated government systems such as unified registries)	Design or commission of <b>department-specific technology systems</b> or programmes that do not integrate with other health and government provisions (such as social policy, education, nutrition, communications, etc)
Decentralised <b>health data management at community level</b> & PHCs	<b>Aggregated health data management</b> at centralised national institutions
<b>Robust, compact and easy to use technologies</b>	<b>Overused, bulky and complex technologies</b>
<b>Up-to-date evaluation models</b> for the digital age: innovative digital technologies require evaluation by meaningful, intersectional tools	<b>Traditional evaluation models</b> for innovative solutions: conventional tools must not evaluate new-age digital technologies
<b>ETHICAL POLICY INITIATIVES</b>	
Data storage systems that ensure people own their own data: <b>individual personal data contributors must be data owners</b>	Practices and systems that allow public or private agencies to collect and own <b>personal health data of individuals without consent</b>
<b>Safe and secure data storage platforms</b> to prevent hacking and unauthorised access, as biometric data systems require	<b>Insufficient protection to storage frameworks</b> containing sensitive health data: this allows disproportional usage <sup>18</sup>
Meaningful deployment of digital technologies at PHCs that <b>address needs</b>	Commissioning or refurbishing of digital technologies that are

of the most vulnerable and hardest to reach communities	unsuitable for areas with limited connectivity or infrastructure
Meaningful cross-governmental coordination and action to amplify or mitigate health impacts, benefits and risks of digital technologies	Siloed, uncoordinated approaches between government departments to digital transformation, resulting in ineffective implementation of innovation
Intersectional health technology implementation policies that protect the rights and safety of conventionally underrepresented groups	One-dimensional technology development policies that do not support prevention of gender- and age-based discrimination
Equitable and rights-based governance frameworks to enable data for public good and independent research whilst protecting individual rights.	Top-down data governance frameworks of health data collected and stored in public and private institutions: enabling selective data management
<b>LEGAL POLICY INITIATIVES</b>	
Primary legislation to build and strengthen national and community driven data governance frameworks to manage personal health data	Primary legislation to support isolated, staggered or fragmented data collection and storage systems to manage personal health data
Secondary legislation to mitigate health and wellbeing harm through technologies (ex: digital marketing of harmful foods, misinformation)	Secondary legislation to support the use of digital technologies as a panacea, without detailed and researched consideration for their risks
Legal instruments appropriate for today's 'digital revolution' to regulate health technologies and health data	Outdated legal frameworks to regulate technology innovations for health: updated tools require updated regulation
Legal provisions to guide responsible privatisation programs (such as technology development contracts)	Legal provisions that don't support impactful private sector participation, or don't ease domestic and international business
Impactful and regulated partnerships with the private sector (such as public usage of private sector data)	Disproportionate program implementation responsibilities to private sector partners
Appropriate legal requirements to notify potential individual victims of data breach incidents involving unauthorized data access and hacking of personal data	Lack of legal requirements to notify people of data breaches: unreported incidents without preventative steps enable abuse on the vulnerable (reset passwords, notify authorities, etc)
Constitution of acceptable legal sanctions to hold private sector technology development partners accountable (for example, if they collect or use personal health data disproportionately) <sup>19</sup>	Undue tolerance of partner entities who do not respect accepted legal provisions or human rights and do not stay accountable: mandate human rights impact assessments on public-private partnerships as appropriate. <sup>20</sup>
<b>POLITICAL AND PUBLIC POLICY INITIATIVES</b>	
Investments in digital infrastructure and reliable power supplies to connect all health facilities and households	Investments in digital infrastructure that do not reach the most vulnerable
Participatory programmes to build digital literacy and skills of health workers and communities	Exclusion of digital literacy and skills in education and health worker training curricula.
Optimal and shockproof redistribution of digital health resources to address the most vulnerable	Staggered and shortsighted redistribution of digital health resources that deprioritize equity
Coordinated and sustainable donor investments in support of digitally-enabled health systems.	Fragmented, short-term donor investments in systems that do not support digitisation
Results-oriented domestic health expenditure as part of UHC	Schemes with high out of pocket payments, especially for the vulnerable

Medical, nursing & public health schools to include responsible use of <b>digital technologies as part of the curriculum</b>	Health <b>interventions that do not integrate digital technologies in basic training packages</b> for health professionals.
Sectorally balanced and <b>equitable public-private partnerships</b>	Imbalanced partnerships tilted towards <b>vested interests of private sector</b>
<b>Globally equitable open data initiatives</b> that respect all countries	<b>Open data initiatives that enable exploitation</b> of certain countries
<b>Digital inclusion strategies to ensure we leave no one behind</b>	<b>Digital technologies that promote exclusion of vulnerable groups</b>